

Division of Corporations

## Florida Department of State

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company**  
**Diplomat Specialty Pharmacy of Los Angeles County, L**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Diplomat Specialty Pharmacy of Los Angeles County, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. California

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 94-3459971

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 15211 Vanowen St, Suite 301

(Street Address of Principal Office)

6. Same as principal office

(Mailing Address)

Suite 301

Van Nuys, CA 91405

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

## Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Michele Miller C T Corporation System  
Michele Miller, Asst. Secretary

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Diplomat Pharmacy, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>David J. Oberg</u>
<input type="checkbox"/> Member	Address: <u>4100 S Saginaw Street</u>	<input type="checkbox"/> Member	Address: <u>2300 Main Street</u>
<input type="checkbox"/> Authorized	<u>Flint, Michigan, 48507</u>	<input type="checkbox"/> Authorized	<u>Irvine, CA 92614</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Asst. Secretary</u>	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>John Michael Prince</u>	<input type="checkbox"/> Manager	Name: <u>Karen E. Peterson</u>
<input type="checkbox"/> Member	Address: <u>11000 OPTUM CIRCLE</u>	<input type="checkbox"/> Member	Address: <u>1600 MCCONNOR PARKWAY</u>
<input type="checkbox"/> Authorized	<u>EDEN PRAIRIE MN 55344</u>	<input type="checkbox"/> Authorized	<u>SCHAUMBURG IL 60173</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Heather A. Lang</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>9900 Bren Road East</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Minnetonka, MN 55343</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Asst. Secretary</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DocuSigned by:

John Prince

Signature of an authorized person

John Prince

Typed or printed name of signer



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

**Entity Name:** DIPLOMAT SPECIALTY PHARMACY OF LOS ANGELES COUNTY, LLC  
**File Number:** 201835410450  
**Registration Date:** 12/14/2018  
**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY  
**Jurisdiction:** CALIFORNIA  
**Status:** ACTIVE (GOOD STANDING)

As of February 14, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 15, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, Ph.D.  
Secretary of State

Certificate Verification Number: YWQ6P6Y

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [webizfile.sos.ca.gov/certification/index](http://webizfile.sos.ca.gov/certification/index).